

To the Bootle Rural District Council.



ANNUAL REPORT
FOR 1904.



Ravenglass,

January 21st, 1905.

GENTLEMEN,

I beg to submit my Annual Report for your consideration, and also the accompanying tables of vital statistics.

You will observe slight increase in the Birth rate and a marked decrease in the Death rate from last year.

The number of males and females in the Births are very nearly equal, viz., 64 and 63 respectively ; whereas in the number of Deaths the males almost double the females, viz., 44 and 24.

The Zymotic death rate is lower than last year ; also the number of infectious cases, though these are higher than they should be—41 out of 43 cases being Scarlet Fever.

The number of deaths from Phthisis and malignant diseases are much less than last year, whilst the number from Cardiac diseases is much higher.

The number of Scarlet Fever cases is high—Bootle being responsible for 18, Millom Rural 13, out of the 41 cases. The cases are mostly of a very mild type, so mild in fact that there is no doubt its mildness was the cause of so many cases, and the length of time it was prevalent,—not being diagnosed—the signs and symptoms being so very slight no medical aid was sought for.

When visiting the Millom Rural district, from the evidence I obtained, I think there is little doubt but that cases had been in the district for some length of time before being found out. I found two cases supposed to have Influenza and no medical man attending, shewing signs of Scarlet Fever and desquamating freely. The primary source of infection was unobtainable.

Upon visiting the School at Hallthwaites and examining the registers, I noticed children had been absent from school for periods during the last two months before the first cases were notified; and upon calling at the homes of the absentees and making enquiries, nearly in every case I was told that everyone in the house had been out of sorts, but not ill enough to send for medical aid,—so many had been ailing “they thought it must be some illness going about.” In one instance the family thought they had had measles. I found much the same thing in Bootle, and feel sure the lingering infection was due to an infectious case being unrecognised.

I think it is most important that parents should be most careful when these slight cases are prevalent, that every little ailment in children should be carefully noted and every sign and symptom attended to. I am quite sure that slight sore throats without any apparent rash or desquamation are often the means of distributing the infection, and especially great care should be taken of any discharge from the nose and ears.

These infectious cases again urge me to appeal to you for the erection of an Infectious Hospital—for some years I have been placing before you in my Annual Report the great importance isolation is in infectious cases with regard to stamping out an epidemic. In last year's report, I mentioned the purchase of an ambulance, land for building site and making of plans for an Infectious Hospital; also that other things were at a standstill on account of an attempt to combine with the Urban District Council, for the treatment of Smallpox and other infectious cases necessitated two buildings, which is a costly item for our district. I suggested co-operation with the Urban District Council, for the latter have a Smallpox Hospital but no general Infectious Hospital. Our plot of land was fairly central for the two districts, and a Hospital erected thereon should suit both Councils.

I regret that no further progress has been made. The Urban district having the larger rateable value and number of cases want the Hospital close to the town, and have selected Crab Marsh by the sea, an admirable site, I have no doubt, for a Hospital for the Urban District, but of very slight or no use at all to the Rural District. A Hospital of use to both districts should be nearly central as possible between the two districts—for even then the distances would be quite far enough to remove patients by ambulance; whereas, if the Hospital was on Crab Marsh it would be on the south boundary of the two districts; upon our north boundary is Seascale, our sea-side resort, where it is most imperative that any infectious cases occurring there should be removed immediately, as quite three-quarters of the houses there are lodging-houses, and the occupants make their living and are entirely dependent on letting rooms to visitors, the only place in our district where this is the case. It is most important that nothing occurs to prevent the arrival of visitors, and any infectious case kept in the place would scare away every visitor, which would mean ruin to most of the lodging-house keepers, as the house rents are exceedingly high.

To remove a patient from Seascale to Crab Marsh would mean a drive of more than 20 miles in the ambulance, which would take a very long time, on account of the hilly nature of the road and the very moderate speed of travelling to make the journey at all comfortable for the patient.

It would be most difficult to persuade either visitors or residents to send any of their relatives such a journey, and one could scarcely feel justified in asking them, let alone compelling them. Such long distances would tend to bring isolation hospitals into bad repute, and so deprive us of its great utility.

It is very difficult in Rural districts to obtain a site sufficiently central to meet the requirements of a whole Union, but in our district Seascale is the most important place requiring its infectious cases removed. The land purchased by the Rural District Council for the isolation hospital site is very central for our district and fairly easy of access from its chief parts. If the Urban Council cannot find a site more suitable for the two districts, it would be better to have our own general Infectious Hospital upon the purchased land. Something should be done at once, as our present arrangements are most unsatisfactory.

Various means were adopted for preventing further spread of Scarlet Fever—the Schools were closed, cases isolated as much as possible, houses disinfected, etc. Thorough disinfection is very difficult to carry out in these small houses, and isolation almost impossible. I would advocate the use of a Vapour disinfectant as formalin in the place of the gaseous one, sulphurous acid. I think a little more prompt attention to disinfection, if possible, might be advantageous.

Whooping Cough was very prevalent amongst scholars in the Ravenglass Infants' School, necessitating closing it for a time.

I most heartily congratulate the Council upon the completion of the "Devoke Water Scheme," which has supplied Holmrook, Drigg, Hall Carleton, and Seascale with a magnificent, pure, gravitation supply, a long felt want, and now much appreciated all along its route.

Last summer being unusually dry, caused in many places a "water famine," and one place especially—Eskdale Green—which I have brought to your notice before, was very short of water. The houses there are supplied by shallow wells of a very suspicious character, containing chiefly surface water.

In our first "Devoke Water Scheme," Eskdale Green was included, but owing to certain circumstances had to be withdrawn, though in constructing the Waterworks a branch pipe was inserted with the object of supplying Eskdale Green in the future.

Most of the wells were completely dried up last summer, and water had to be borne for some considerable distance. Eskdale Green is a village which, in summer time, is often very full of visitors, who greatly increase the demand for water. After having achieved such a great success by the "Devoke Water Scheme" to Seascale, I should like to bring most urgently before your notice the great need of a good water supply at Eskdale Green, and I hope that you will achieve another success there, as want of good water is a very important and serious item, the responsibility of which rests with the District Council.

A few new houses and buildings have been erected during the year, and I would ask the Council to give a little more

attention to the plans of new houses, especially as to their sanitary arrangements, and I again urge upon the Council to insist upon all new sewers and connections to be left uncovered until inspected by our Sanitary Inspector, or someone authorized by him.

I should also like to again bring especially before your notice that ashpit arrangements are still far from satisfactory in Seascale, and from the several complaints of same, it is high time some action was taken in the matter. Some very serious sanitary defects were found also during the year, particularly faulty junctions of soil pipes and sewers, which, if they had not been detected early, might have led to most serious consequences, this emphasizes my previous remarks for inspection.

During the year many premises have been visited and inspected in the district, slight insanitary conditions pointed out and remedied.

The work with regard to the Factories & Workshops Act is only slight in our district. Inspection has been carried out during the ordinary routine of work, and any necessary requirements noted and carried out.

Thanking you and other officials for the aid that has been rendered to me in the discharge of my duties.

I am, Gentlemen,

Your obedient Servant,

E. EDEN CASS,

Medical Officer of Health.

TABLE A.—POPULATION.

Census, 1881	..	..	..	..	..	5,992
„ 1891	..	..	..	..	..	5,982
„ 1901	..	..	..	..	..	5,469
Estimated to middle of 1904	..	..	..	..	..	4,959

BIRTHS and DEATHS (with their rates).

			Births.	Birth-rate.		Deaths.	Death-rate.
1895	..	..	131	21·9	..	80	13·3
1896	..	..	126	21·1	..	73	12·2
1897	..	..	138	23·09	..	94	15·7
1898	..	..	130	21·7	..	67	11·2
1899	..	..	141	23·6	..	83	13·8
1900	..	..	112	18·7	..	72	12·05
1901	..	..	116	21·3	..	68	12·5
1902	..	..	120	22·1	..	79	14·6
1903	..	..	123	22·9	..	104	19·4
1904	..	..	127	25·5	..	68	13·7

TABLE B.—DEATHS.

		1895.	1896.	1897.	1898.	1899.	1900.	1901.	1902.	1903.	1904.
Under 1 year..	..	13	9	14	10	12	11	4	17	14	9
1 and under 5 years		7	6	3	5	4	7	3	3	7	1
5 „ 15 „		0	2	4	0	5	4	3	1	5	1
15 „ 25 „		0	2	4	5	4	0	4	1	6	0
25 „ 65 „		26	22	18	21	26	15	24	19	31	31
65 years & upwards		34	32	51	27	32	35	30	38	41	26
Totals	..	80	73	94	67	83	72	68	79	104	68

TABLE C.

		1895.	1896.	1897.	1898.	1899.	1900.	1901.	1902.	1903.	1904.
BIRTHS.—Males	..	67	77	75	73	80	57	74	72	64	64
Females..		64	49	63	57	61	55	42	48	59	63
Totals	..	131	126	138	130	141	112	116	120	123	127
DEATHS.—Males	..	47	42	53	31	45	41	35	35	59	44
Females..		33	31	41	36	38	31	33	44	45	24
Totals	..	80	73	94	67	83	72	68	79	104	68
Inquests ..	..	8	5	5	3	6	8	6	2	9	5
Uncertified Deaths		0	0	2	0	1	1	1	0	2	0
Deaths in Workhouse		3	4	4	3	7	3	8	3	8	4

TABLE D.—ZYMOTIC DEATH-RATE.

1895=·3	1896=·5	1897=·5	1898=·1	1899=1·1	1900=·6
	1901=·3	1902=·8	1903=·7	1904=·2	

TABLE E.

Infant Mortality, 1895	...	...	...	...	99
„ 1896	...	...	...	...	70
„ 1897	...	...	...	...	101.4
„ 1898	...	...	...	...	76.2
„ 1899	...	...	...	...	85.1
„ 1900	...	...	...	...	98.2
„ 1901	...	...	...	...	34.4
„ 1902	...	...	...	...	141.6
„ 1903	...	...	...	...	113.8
„ 1904	...	...	...	...	70.8

TABLE F.

1903.

1904.

BIRTHS. DEATHS. BIRTHS. DEATHS.

	1903.			1904.			1904.			1904.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Birker and Austhwaite	1	1	2	2	...	2	...	1	1	...	1	1
Bootle	8	6	14	9	4	13	7	8	15	7	5	12
Corney	4	3	7	...	1	1	3	2	5	1	...	1
Drigg	5	5	10	5	5	10	2	6	8	3	...	3
Eskdale }	2	6	8	6	2	8	5	3	8	5	1	6
Wastdale }	1	...	1	1	...	1	...	...	...	1	...	1
Irton	3	4	7	7	3	10	5	7	12	2	1	3
Millom	13	14	27	8	9	17	21	19	40	9	10	19
Muncaster	12	10	22	6	9	15	7	8	15	5	4	9
Ulpha	3	3	6	2	4	6	4	3	7	3	2	5
Waberthwaite	4	...	4	1	...	1	2	2	4	...	...	...
Whitbeck	2	1	3	3	...	3	1	1	2	...	...	...
Whicham	6	4	10	6	4	10	5	2	7	2	...	2
Seascale ... ..	...	2	2	3	4	7	2	1	3	6	...	6
Totals	64	59	123	59	45	104	64	63	127	44	24	68

TABLE G.—The Causes and Number of Deaths in the Localities of the District.

	Smallpox.	Measles.	Scarlet Fever.	Diphtheria.	Membranous Group.	Whooping Cough.	Typhus Fever.	Enteric Fever.	Other or Doubtful Fevers.	Diarrhoea & Dysentry.	Cholera.	Rheumatic Fever.	Pyæmia.	Ague.	Puerperal Fever.	Erysipelas.	Phthisis.	Bronchitis.	Pneumonia.	Pleurisy.	Heart Disease.	Injuries.	All Other Diseases.	TOTAL.
Birker and Austhwaite...	1	...	...	1
Bootle	1	2	...	9	12
Corney	1	1
Drigg	3	3
Eskdale and Wastdale	1	5	7
Irton	1	2	3
Millom	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	3	...	12	19
Muncaster	2	1	...	...	...	6	9
Ulpha	1	...	2	...	2	5
Waberthwaite
Whitbeck
Whicham	1	...	...	1	2
Seascale	1	1	2	2	6
TOTALS.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	5	...	11	343	68

TABLE G.—The Cause and Number of Deaths in the Localities of the District.

	Smallpox.	Measles.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Whooping Cough.	Typhus Fever	Enteric Fever	Other or Doubtful Fevers.	Diarrhoea and Dysentry.	Cholera.	Rheumatic Fever.	Pyæmia.	Ague.	Puerperal Fever.	Erysipelas.	Phtthisis.	Bronchitis.	Pneumonia.	Pleurisy.	Heart Disease	Injuries.	All Other Diseases.	TOTAL.
Birker & Ansthrwaite	Under 5 yrs. (5 yrs.upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Bootle -	Under 5 yrs. (5 yrs.upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	1
Corney -	Under 5 yrs. (5 yrs.upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1
Drigg -	Under 5 yrs. (5 yrs.upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eskdale & Wastdale-	Under 5 yrs. (5 yrs.upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
Irton -	Under 5 yrs. (5 yrs.upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Millom -	Under 5 yrs. (5 yrs.upwds.	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	3	...	2	4
Muncaster -	Under 5 yrs. (5 yrs.upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	1	15
Ulpha -	Under 5 yrs. (5 yrs.upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	8
Waberthwaite -	Under 5 yrs. (5 yrs.upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	1	2
Whitbeck -	Under 5 yrs. (5 yrs.upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whicham -	Under 5 yrs. (5 yrs.upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1
Seascale -	Under 5 yrs. (5 yrs.upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	5
(Under 5 yrs. (5 yrs upwds.	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	4	...	7	10
TOTALS...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	5	...	11	4	68

TABLE A. L. G. B.—Mortality from all Causes at subjoined Ages (1904).

	At all Ages	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25	25 and under 65	65 and upwards
Birker and Austhwaite	1	...	...	...	...	...	1
Bootle ...	12	1	...	...	...	4	7
Corney ...	1	...	...	...	...	...	1
Drigg ...	3	...	...	...	...	3	...
Eskdale and Wastdale	7	...	...	...	...	6	1
Irton ...	3	...	...	...	...	1	2
Millom ...	19	3	1	1	...	8	6
Muncaster	9	1	...	...	...	4	4
Ulpha ...	5	2	...	...	...	...	3
Waberthwaite	...	...	...	...	...	...	...
Whitbeck	...	...	...	...	...	...	...
Whicham	2	1	...	...	...	1	...
Seascale	6	1	...	...	...	4	1
TOTALS...	68	9	1	1	...	31	26

TABLE H.—AGE MORTALITY.

1904.

Deaths during		1903			1904		
		Under 5 years & 5 years upwards			Under 5 years & 5 years upwards		
1903	1904	Disease.			Males.	Females	Total.
..	..	Smallpox .. ..	..	..	..	..	..
2	..	Measles .. ..	..	..	1	1	..
..	1	Scarlet Fever .. ..	..	..	..	..	..
1	..	Diphtheria .. ..	..	..	1	1	..
..	..	Membranous Croup .. ..	..	..	..	..	..
1	..	Whooping Cough .. ..	..	..	1	..	1
..	..	Enteric Fever .. ..	..	..	..	..	..
..	..	Diorrhœa and Dysentery .. ..	..	..	..	..	..
..	..	Rheumatic Fever .. ..	..	..	..	..	..
..	..	Puerperal Fever .. ..	..	..	..	..	..
..	3	Parturition .. ..	..	..	..	..	1
..	..	Other or Doubtful Fevers .. ..	..	..	..	..	..
7	2	Phthisis .. ..	..	..	6	1	7
7	3	Bronchitis .. ..	..	..	3	3	4
4	5	Pneumonia .. ..	..	..	2	2	1
2	..	Pleurisy .. ..	..	..	1	1	2
4	11	Heart Disease .. ..	..	..	2	2	4
..	..	Tubercle of Lymph Glands .. ..	..	..	..	..	..
1	..	Dentition and Convulsions .. ..	..	..	1	..	1
3	1	Diseases of Brain & Nervous System	1	..	1	1	2
12	7	Malignant Disease .. ..	..	..	5	7	12
8	4	Injuries .. ..	..	..	1	..	1
..	..	Erysipelas .. ..	..	..	..	..	..
..	1	Syphilis .. ..	..	..	..	..	1
52	30	All Other Diseases .. ..	..	..	4	6	10
104	68	TOTALS .. ..	..	..	11	10	21
					48	35	83
					10	1	11
					32	23	57

TABLE I.—NOTIFICATION ACT.—List of Cases Notified during 1904.

TOWNSHIP.		Smallpox.	Cholera.	Diphtheria.	Membranous Group.	Erysipelas.	Scarlet Fever.	Typhus.	Enteric Fever.	Continued or Relapsing Fever.	Puerperal.	TOTAL.
Birker and Austhwaite
Bootle	18	...	1	...	...	19
Corney
Drigg
Eskdale	3	...	...	...	...	3
Wastdale
Irton
Millom	1	13	...	...	...	...	14
Muncaster
Ulpha
Waberthwaite
Whitbeck
Whicham	4	...	...	...	...	4
Seascale	3	...	...	...	...	3
TOTALS	41	...	1	...	...	43

TABLE J.—NOTIFICATION ACT.—Age Record of Cases Notified during 1904.

	Under 5 years.	5 years and upwards.	TOTAL.
Smallpox
Cholera
Diphtheria
Membranous Croup
Erysipelas	1	1
Scarlet Fever	1	40	41
Typhus
Enteric	1	1
Continued or Relapsing Fevers
Puerperal Fever
TOTALS	1	42	43

TABLE K.—NOTIFICATION ACT.—MONTHLY RECORD.

	Smallpox.	Cholera.	Diphtheria.	Membranous Group.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Continued or Relapsing Fever.	Puerperal Fever	TOTAL.
January	11	...	...	...	...	11
February	2	...	...	...	...	2
March	1	...	1	...	...	2
April	1	...	...	...	...	1
May	2	...	...	...	...	2
June
July	1	...	...	...	...	1
August
September	8	...	...	...	...	9
October	1	13	...	...	...	...	13
November	2	...	...	...	...	2
December
TOTAL	1	41	...	1	...	...	43

